

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JE		02-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	JM	864	10/29/01
RESPONSE FORMALITY REVIEW	Sh	897	02-22-02

**INDEX OF CLAIMS**

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                        O ..... Objected

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Claim	Date
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35-1900  
10/29/01

If more than 150 claims or 10 actions  
staple additional sheet her

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